

EXHIBIT 1

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

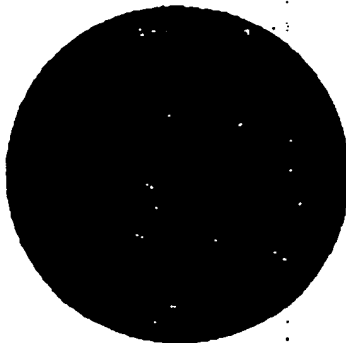
This corporation is now legally organized under the laws of Minnesota.

Corporate Name: Pay Child Support Online Inc

Corporate Charter Number: 11F-611

Chapter Formed Under: 302A

This certificate has been issued on 06/23/2000.



Mary Kiffmeyer
Secretary of State.



STATE OF MINNESOTA
SECRETARY OF STATE

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ARTICLES OF INCORPORATION
Business and Nonprofit Corporations

11F-611

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Please read the directions on the reverse side before completing this form. All information on this form is public information.

The undersigned incorporator(s) is an (are) individual(s) 18 years of age or older and adopt the following articles of incorporation to form a (mark ONLY one):

☒ FOR-PROFIT BUSINESS CORPORATION (Chapter 302A) ☐ NONPROFIT CORPORATION (Chapter 317A)

ARTICLE I NAME

The name of the corporation is:

Pay Child Support Online, Inc.
(Business Corporation names must include a corporate designation such as Incorporated, Corporation, Company, Limited or an abbreviation of one of those words.)

ARTICLE II REGISTERED OFFICE ADDRESS AND AGENT

The registered office address of the corporation is:

6600 Pleasant Ave #158 Richfield MN 55423-2350
(A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box) City State Zip

The registered agent at the above address is:

Name (Note: You are not required to have a registered agent.) STATE OF MINNESOTA
FILED.

ARTICLE III SHARES

JUN 23 2000

The corporation is authorized to issue a total of 100 shares.
(If you are a business corporation you must authorize at least one share. Nonprofit corporations must be authorized to have shares.)

ARTICLE IV INCORPORATORS

Secretary of State

I (We), the undersigned incorporator(s) certify that I am (we are) authorized to sign these articles and that the information in these articles is true and correct. I (We) also understand that if any of this information is intentionally or knowingly misstated that criminal penalties will apply as if I (we) had signed these articles under oath. (Provide the name and address of each incorporator. Each incorporator must sign below. List the incorporators on an additional sheet if you have more than two incorporators.)

Daniel King 6600 Pleasant Ave #158 Richfield MN 55423-2350 Daniel King
Name Street City State Zip Signature

Name Street City State Zip Signature

Print name and phone number of person to be contacted if there is a question about the filing of these articles.

Daniel J King (612) 220-5464
Name Phone Number

00830254 Rev. 11/99

057740



MINNESOTA SECRETARY OF STATE

CERTIFICATE OF
ASSUMED NAME

FILED-MINNESOTA
SECRETARY OF STATE

0267028 5285

Minnesota Statutes Chapter 333

Read the directions on reverse side before completing.

Filing fee: \$25.00

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

PCSO Inc

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

6600 Pleasant Ave #158

Rochester

MN

55423

Street

City

State

Zip code

3. List the name and complete street address of all persons conducting business under the above Assumed Name. Attach additional sheet(s) if necessary. If the business owner is a corporation, provide the legal corporate name and registered office address of the corporation.

Name (please print)

Street

City

State

Zip

Pay Child Support Online Inc. 6600 Pleasant Ave #158 Rochester MN 55423

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

1/05/08
Date

Signature (ONLY one person listed in #3 is required to sign.)

David King, President
Print Name and Title

David King
Contact Person

612 616 9401
Daytime Phone Number

080828